

NORTH CAROLINA MEDICAID CAPITAL DATA SURVEY 2008

FOR DATA THROUGH 9/30/2008

SKILLED NURSING FACILITIES

IMPORTANT NOTICE

This 2008 Survey is conducted by DMA for the purpose of gathering data to implement Fair Rental Value with Skilled Nursing Facilities. Data contained on the 2008 Survey must ONLY reflect Additions, Replacements, or Renovations which have been properly recorded between 10/1/2007 and 9/30/2008, NOT the calendar year 2008. The 2008 Capital Data Survey submitted by providers to DMA shall NOT contain Addition, Replacement or Renovation data previously furnished to DMA.

Providers must submit the 2008 Capital Data Survey and documentation to support each of the entries with their 2008 Medicaid Cost Report. For the cost report year end 9/30/2008, the cost report and 2008 Capital Data Survey are due Wednesday, December 31, 2008.

US MAIL

Division of Medical Assistance
2501 Mail Service Center
Raleigh, North Carolina 27699-2501
Attention: Audit Section

Alternate Shipping

Division of Medical Assistance
One Bank of America Plaza, 9th Floor
421 Fayetteville Street
Raleigh, North Carolina 27601
Attention: Audit Section

PLEASE NOTE THERE IS A NEW LINE ON THE 2008 CAPITAL DATA SURVEY IN WHICH PROVIDERS ARE REQUIRED TO DISCLOSE STATE AND FEDERAL GRANTS RECEIVED AND USED FOR FACILITY RENOVATION OR IMPROVEMENTS. IF PROVIDERS IDENTIFIED MAJOR RENOVATION COSTS ON PRIOR SURVEYS FOR WHICH THEY RECEIVED STATE OR FEDERAL GRANTS, THE PROVIDER MUST ALSO DISCLOSE THOSE PRIOR PERIOD GRANTS.

ANY 2008 CAPITAL DATA SURVEYS RECEIVED AFTER 12/31/2008 WILL NOT BE CONSIDERED FOR FAIR RENTAL VALUE CALCULATIONS EFFECTIVE APRIL 1, 2009.

ALL CAPITAL DATA SURVEY INFORMATION FURNISHED BY PROVIDERS TO DMA MUST AGREE TO SUPPORTING DOCUMENTATION AND IS SUBJECT TO AUDIT PER THE MEDICAID PROVIDER PARTICIPATION AGREEMENT AND THE NORTH CAROLINA STATE PLAN

North Carolina Medicaid Capital Data Survey 2008

I. Provider Information

A Nursing Facility Name			
B Medicaid SNC Provider Number			
C Street Address			
D City, State		Zip Code	
E Telephone Number			
F Fax Number			
G Year of Initial Construction (YYYY)			

II. Current Bed and Square Footage Data (Report data as of the date the survey is completed.)

H Total Number of Licensed Nursing Facility Beds	
I Total Number of Non-Nursing Beds (ACH, Rest Home, etc.)	
J Total Beds (Sum of H + I)	
K Square Footage Applicable to the Nursing Facility Rooms	
L Square Footage Applicable to Non-Nursing Services Rooms *	
M Total Facility Gross Square Footage (including non-patient rooms)	
N Does your facility expect to complete a major renovation project or add new beds between 10/1/08 and 9/30/09?	

* Non-nursing services are services that your facility may provide to individuals not occupying a nursing facility bed. Types of non-nursing services would include assisted living, residential care, apartments, etc. The square footage applicable to non-nursing services should be reported separately above.

When completing sections III and IV, include data capitalized for this facility since the previous survey. This does not mean from the time the current owner purchased the facility to present. This could involve reviewing the prior owner's records or, in the case of a lease, obtaining information from the lessor. The month and year of construction should reflect the month the addition was completed (placed in service) and capitalized on a depreciation schedule.

III. Construction of Additional New Beds or Replacement of Existing Beds Data (FOR DATA THROUGH 9/30/2008)

(If you have more than 5 additions/replacements, complete a second page)

Please report each addition of new nursing facility beds that resulted from new construction from the time of the previous survey to present or replacement of existing beds. A project is considered a bed addition if the construction was done to add new beds to the facility. A project is considered a replacement if an existing building or portion of a building was demolished and rebuilt with no additional beds added.

If more than one addition was completed within a cost report year, please report the data for each addition separately.

	Addition 1	Addition 2	Addition 3	Addition 4	Addition 5
O Month and year construction completed (MM/01/YYYY)					
P Cost of construction project (whole dollars)					
Q Number of beds added					
	Replacement 1	Replacement 2	Replacement 3	Replacement 4	Replacement 5
R Month and year construction completed (MM/01/YYYY)					
S Cost of construction project (whole dollars)					
T Number of beds replaced					

IV. Major Renovation Not Involving Addition or Replacement of Beds (FOR DATA THROUGH 9/30/2008)

(If you have more than 5 major renovations, complete a second page)

Please report for each cost report year the cost of major renovation projects completed since the previous survey to present. Major renovation projects include those items capitalized as either land, land improvements, building, building improvement, leasehold improvements and equipment. Do not include any costs associated with Section III above (Additional or Replacement of New Beds). **SEE INSTRUCTIONS.**

Major renovation projects have a total cost equal to or greater than **\$500 per licensed bed at the time the project was completed.** A major renovation can be a project or series of projects that aggregate to the \$500 per bed threshold over the cost report year. If a renovation project involved construction activities in both the licensed nursing facility and the non-nursing sections of the facility, only those construction costs associated with the licensed nursing facility section of the facility should be included. Documentation must be maintained to demonstrate how construction costs were allocated between nursing home and non-nursing home (ACH, rest home, etc.).

	Renovation 1	Renovation 2	Renovation 3	Renovation 4	Renovation 5
U Month and year construction completed (MM/01/YYYY)					
V Cost of renovation project (whole dollars)					
W State and/or Federal Grants Received for Renovation					

Print Name

Date Completed

Signature of Facility Representative

Title

Expanded Explanation Of Capital Data Survey 2008

Section I. Provider Information

- A Enter the name of the nursing facility as it appears on the nursing facility license.
- B Enter the facility Medicaid skilled nursing number.
- C Enter the street address of the facility.
- D Enter the City, State and Zip Code of the facility.
- E Enter the telephone number of the facility, including area code.
- F Enter the fax number of the facility, including area code.
- G Enter the year in which the initial construction of the facility was completed. If the facility has been renovated, enter the completion date of the oldest portion of the building still in use.

Section II. Current Bed and Square Footage Data

- H Enter the number of licensed nursing facility beds currently in your facility.
- I Enter the total number of non-nursing beds currently in your facility. This should include any Adult Care Home beds, Rest Home beds, etc.)
- J Enter the total number of beds in your facility. This should equal the sum of the amount entered in rows H and I.
- K Enter the square footage applicable to the nursing facility. This is measured using the gross square footage methodology.
- L Enter the square footage applicable to the non-nursing services performed at the facility. The services would include Assisted living, residential care, apartments, etc. Only report the non-nursing square footage for the building where the nursing facility is located.
- M Enter the total Gross Square Footage of the Facility including dining areas, admin areas, etc.
- N If your facility expects to complete a major renovation (total cost of \$500 per bed or greater), prior to September 30, 2009, indicate YES. Otherwise, indicate NO.

Section III. Construction of Additional New Beds or Replacement of Existing Beds Data

- O Enter the Month and Year of the completion dates of any construction project that resulted in the addition of new nursing beds to the facility. The listed projects should include any bed additions since the time that the current building was originally constructed. Use the format MM/01/YYYY.
- P Enter the total construction cost of any corresponding bed addition construction projects listed on Line O above.
- Q Enter the number of beds added resulting from any bed addition corresponding to construction projects listed on Line O above.
- R Enter the Month and Year of the completion dates of any construction project that resulted in the replacement of a portion of the facility building that did not result in a change in the number of beds. The listed projects should include any replacement projects since the time the current building was originally constructed. Use the format MM/01/YYYY.
- S Enter the total construction cost of any corresponding bed replacement construction project listed on Line R above.
- T Enter the number of beds located in the replaced portion of the building of any corresponding bed replacement project listed on Line R above.

Section IV. Major Renovation Not Involving Addition or Replacement of Beds

- U Enter the month and year of the completion dates of any major (cost equivalent to \$500 per bed or greater) renovation project the did not result in the addition or replacement of beds. Use the format MM/01/YYYY.
- V Enter the total construction cost of any corresponding major renovation project listed on Line U above.
- W Enter as a positive figure the amount of State and/or Federal Grants funds expended this period for renovations and improvements. This amount will be offset against the expense claimed for renovations and improvements on the Fair Rental Value Aging Schedule to preclude the provider claiming costs twice to a State / Federal Agency. (OMB A-87, CMS 15-1)

Note: For Major Construction Projects not involving addition or replacement of beds which exceed an estimated cost of \$500,000 and exceed an estimated time to complete of greater than 12 months, the provider may report on the 2008 Capital Data Survey the dollar value percentage actually completed as of 9/30/2008. In order for an entry to be considered, the amount must be greater than 20% complete as of 9/30/2008 and supported by a paid AIA (American Institute of Architects) invoice to a licensed contractor.